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OREGON STATE BOARD OF HEALTH
RULES... FOR HOSPITALS AND RELATED
INSTITUTIONS

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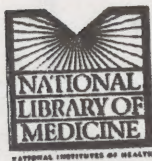


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FOR

HOSPITALS

OF RELATED INSTITUTIONS

IN

THE STATE OF OREGON



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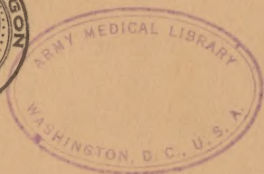
RULES, REGULATIONS AND STANDARDS

FOR

**HOSPITALS
AND RELATED INSTITUTIONS**

IN

THE STATE OF OREGON



Adopted November 1, 1947

by

THE OREGON STATE BOARD OF HEALTH

and filed in the

Office of the Secretary of State

November 24, 1947

**RULES, REGULATIONS
AND STANDARDS
FOR
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AND RELATED INSTITUTIONS
IN
THE STATE OF OREGON**



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Adopted November 1, 1947
by
THE OREGON STATE BOARD OF HEALTH
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November 24, 1947

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LICENSING LAW

Chapter 488, Oregon Laws 1947



LICENSING OF HOSPITALS AND RELATED INSTITUTIONS

Sec. 1. As used in this act:

1. "Hospital" means an institution devoted primarily to the rendering of healing, curing and nursing care, or healing, curing or nursing care which maintains and operates facilities for the diagnosis, treatment or care of two or more non-related individuals suffering from illness, injury, or deformity, or where obstetrical or other healing, curing and nursing care or healing, curing or nursing care is rendered over a period exceeding 24 hours.

2. "Person" means any individual, firm, partnership, corporation, company, association or joint stock association, and includes any receiver, trustee, assignee or other similar representative thereof.

3. "Governmental unit" means the state, or any county, municipality, or other political subdivision, or any department, division, board or other agency of any of the foregoing.

Sec. 2. The purpose of this act is to provide for the development, establishment and enforcement of basic standards (1) for the care and treatment of individuals in hospitals and other institutions which render healing, curing and nursing care, or healing, curing or nursing care, and (2) for the construction, maintenance and operation of such institutions which, in the light of existing knowledge, will insure such treatment as shall be recognized and authorized by the laws of this state as being safe treatment of such individuals in such institutions.

Sec. 3. After July 1, 1947, no person or governmental unit, acting severally or jointly with any other person or governmental unit, shall establish, conduct or maintain a hospital in this state without a license.

Sec. 4. Licenses shall be obtained from the state board of health. Applications shall be upon such forms and shall contain such information as the said board may reasonably require, which may include affirmative evidence of ability to comply with such reasonable standards, rules and regulations as may lawfully be prescribed hereunder. Each application shall be accompanied by the license fee, which shall be refunded to the applicant if the license is denied and which shall be paid over into the state treasury to the credit of the said board for carrying out the general provisions of this act if the license is issued. For institutions with less than 50 beds, the annual license fee shall be fifteen dollars (\$15); for institutions with 50 beds or more and less than 200 beds the fee shall be twenty dollars (\$20); for institutions with 200 or more beds the fee shall be twenty-five dollars (\$25). During the time said licenses remain in force holders thereof shall not be required to pay inspection fees to any county, city or other municipality. Institutions operated by any governmental unit shall be exempted from payment of license fee.

Sec. 5. Upon receipt of an application and the license fee, the state board of health shall issue a license if it finds that the applicant and hospital facilities comply with the provisions of this act and the regulations of the said board. Each such license, unless sooner suspended or revoked, shall be renewable annually upon payment of the fee and approval by the board of an annual report, upon such uniform dates and containing such information in such form as the state board of health shall prescribe by regulation. Each license shall be issued only for the premises and persons or governmental units named in the application and shall not be transferable or assignable except with the written approval of the state board of health. Licenses shall be posted in a conspicuous place on the licensed premises as prescribed by regulation of the said board.

Sec. 6. The state board of health shall have the authority to deny, suspend or revoke a license in any case where it finds that there has been a substantial failure to comply with the provisions of this act or the rules, regulations or minimum standards promulgated under this act.

Such denial, suspension or revocation shall be effected by mailing to the applicant or licensee, by reg-

istered mail, or by personal service of, a notice setting forth the particular reasons for such action. Such denial, suspension or revocation shall become effective 30 days after the mailing or service of the notice, unless the applicant or licensee, within such 30-day period shall give written notice to the board requesting a hearing, in which case the notice shall be deemed to be suspended. If a hearing has been requested, the applicant or licensee shall be given an opportunity for a prompt and fair hearing before the board. At any time at or prior to the hearing, the board may rescind the notice of denial, suspension or revocation upon being satisfied that the reasons for the denial, suspension or revocation have been or will be removed. On the basis of any such hearing, or upon default of the applicant or licensee, the determination involved in the notice may be affirmed, modified or set aside by the board. A copy of such decision, setting forth the finding of facts and the particular reasons for the decision, shall be sent by registered mail, or served personally upon the applicant or licensee. The decision shall become final 30 days after it is mailed, unless the applicant or licensee, within such 30-day period, appeals the decision to the court, under section 13 hereof.

The procedure governing hearings authorized by this section shall be in accordance with rules promulgated by said board. A full and complete record shall be kept of all proceedings, and all testimony shall be reported, but need not be transcribed unless the decision is appealed pursuant to section 13 hereof, or a transcript is requested by an interested party who shall pay the cost of preparing such transcript.

The state board of health shall have the authority to administer oaths and to issue and serve, or have served, subpoenas for the attendance of witnesses and testimony. Witnesses subpoenaed by the state board of health, upon the application of either party, shall be allowed fees at a rate prescribed by rules.

Sec. 7. The state board of health, with the advice of the advisory council, shall adopt, amend, promulgate and enforce such rules, regulations and standards with respect to the different types of hospitals and related institutions to be licensed hereunder as may be designed to further the accomplishment of the purposes of this act.

Sec. 8. Any hospital which is in operation at the time of promulgation of any applicable rules or regulations or minimum standards under this act shall be given a reasonable length of time within which to comply with such rules and regulations or minimum standards.

Sec. 9. The state board of health shall make or cause to be made such inspections as it may deem necessary; provided, however, that every institution coming under this act shall be inspected at least once annually. The state board of health may prescribe by regulations that any licensee or prospective applicant desiring to make specified types of alteration or addition to its facilities or to construct new facilities shall, before commencing such alteration, addition or new construction, submit plans and specifications therefor to the state board of health for preliminary inspection and approval or recommendations with respect to compliance with the regulations and standards herein authorized.

Sec. 10. The governor shall appoint an advisory council composed of five residents of the state four of whom shall have recognized ability in the field of hospital administration, and one a representative of consumers of hospital service. Members shall be appointed for terms of one, two, three and four years, respectively, and their successors shall be appointed for terms of four years except when appointed to complete an unexpired term, in which case the appointment shall be for the remainder of the term. The state health officer shall serve as ex officio member of the council.

Sec. 11. The advisory council shall have responsibility and duty of consulting and advising with the board of health in matters of policy affecting administration of this act, and in the development of rules, regulations and standards provided for hereunder.

The council shall meet not less than once each year and at any other time at the call of the state health officer. Members of the council, while serving on the business of the council, shall receive compensation at a rate to be established by the board of health, but not in excess of ten dollars (\$10) per diem and, in addition, shall be reimbursed for actual expenses incurred in the performance of the duties of their offices.

Sec. 12. The state board of health shall prepare and publish a biennial report of its activities and operations under this act and shall make such information available to the state legislature upon request.

Sec. 13. Any applicant or licensee who is dissatisfied with the decision of the state board of health as a result of a hearing provided in section 6 may, by filing notice with the clerk of the court within 15 days after receiving notice of the decision, appeal the decision to the circuit court of the county in which the applicant or licensee resides, or in which the institution is located. A copy of the notice of such appeal shall be delivered to the secretary of the state board of health. Within 30 days, or such additional time as may be granted by the court after the notice of appeal has been delivered to the board, the latter shall certify and file in the court the transcript of the hearings on which the decision is based. The circuit court shall try the issues de novo as an appeal in an equity suit and, upon good cause shown, the court may remand the case to the board to take further evidence, and the board may thereupon make new or modified findings of fact or decision. The court shall have power to affirm, modify or reverse the decision of the board, and either the applicant or licensee or the board may apply for such further review as is provided by law. Pending final disposition of the matter the status quo of the applicant or licensee shall be preserved, except as the court shall otherwise order in the public interest.

Sec. 14. Any person establishing, conducting, managing or operating any institution, within the meaning of this act, without a license shall be guilty of a misdemeanor and, upon conviction thereof, shall be liable to a fine of not more than one hundred dollars (\$100) for the first offense, and not more than five hundred dollars (\$500) for each subsequent offense, and each day of continuing violation after a first conviction shall be considered a subsequent offense.

Sec. 15. Notwithstanding the existence and pursuit of any other remedy, the board may, in the manner provided by law, maintain an action in the name of the state for injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, management or operation of a hospital without a license.

Sec. 16. Nothing in this act or the rules and regu-

lations adopted pursuant thereto shall be construed as authorizing the supervision, regulation or control of the remedial care or treatment of residents or patients in any home or institution conducted for those who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denomination, except as to the sanitary and safe conditions of the premises, cleanliness of operation, and its physical equipment, and in compliance with laws and regulations governing the regulation and control of communicable diseases.

Sec. 17. There hereby is appropriated to the state board of health out of the moneys in the general fund in the state treasury not otherwise appropriated the sum of six thousand three hundred seventeen dollars (\$6,317) for the purpose of carrying out the provisions of this act.

Sec. 18. If any section, sentence, clause or word of this act shall be held to be unconstitutional, the invalidity of such section, sentence, clause or word shall not affect the validity of any other portion of this act, it being the intent of this legislative assembly to enact the remainder of this act, notwithstanding such part so declared unconstitutional should or may be so declared.

Sec. 19. That sections 99-532 to 99-540, O. C. L. A., inclusive, provided specifically for the licensing of maternity hospitals or lying-in asylums; chapter 178, Oregon Laws 1943, providing specifically for the licensing of hospitals, asylums, institutions and sanitarium for the care, custody or treatment of persons with disorders, and section 99-541, O. C. L. A., relating to the inspection of hospitals, sanitarium and poor farms, be and the same hereby are repealed, and institutions which were previously licensed under the above-designated laws are considered to come within the province of this act. (L. 1947, ch. 488.)

RULES REGULATIONS AND STANDARDS for HOSPITALS AND RELATED INSTITUTIONS

PREFACE

A. Legal Authority

By Chapter 488, Oregon Laws 1947, all hospitals and related institutions within the State of Oregon, except those operated by the United States Government, are now required to be licensed. By the same law the Oregon State Board of Health is designated the agency from which licenses shall be obtained. Section 7 of the law requires the State Board of Health, with the advice of the advisory council created by Section 10, to "adopt, amend, promulgate, and enforce such rules, regulations and standards with respect to the different types of hospitals and related institutions to be licensed" as may be designed to further the accomplishment of the purposes of the law. The State Board of Health, in accordance with the law, has unanimously adopted the following rules, regulations and standards which are hereby declared to be in full force and effect from and after the date of their promulgation.

B. Definitions

1. Hospitals and related institutions are institutions "devoted primarily to the rendering of healing, curing and nursing care, or healing, curing or nursing care, which maintain and operate facilities for the diagnosis, treatment and care of two or more non-related individuals suffering from illness, injury or deformity, or where obstetrical or other healing, curing and nursing care or healing, curing or nursing care is rendered over a period exceeding 24 hours."

2. Institution: The word "institution" when not preceded by the word "related" shall mean either a hospital or related institution as the context may indicate.

3. Hospital Licensing Law: When the words "hospital licensing law" are used they refer to Chapter 488, Oregon Laws 1947.

4. Board or State Board of Health: The terms "Board" or "State Board of Health" shall mean the Oregon State Board of Health.

5. Duly Licensed: The words "duly licensed" when applied to a person shall mean that the person to whom the term is applied has been duly and regularly licensed by the proper authority to follow his or her profession or vocation within the State of Oregon, and when applied to an institution shall mean that the institution has been duly and regularly licensed by the Oregon State Board of Health.

6. Registered Nurse: By "registered nurse" is meant a person graduated from an accredited school of nursing and currently registered through the Oregon State Board for Examination and Registration of Graduate Nurses.

I. THE LICENSE

A. Issuance of License

1. Application for a license to operate a hospital, or a related institution, must be made in writing upon a form provided by the State Board of Health, and shall specify the type or types of care to be provided. If the application is not from a governmental unit as defined in Paragraph 3 of Section 1 of the Hospital Licensing Law, the license fee required by Section 4 of the same law must accompany the application.

2. Every hospital, or related institution, shall be designated by a permanent and distinctive name, which shall be used in applying for a license, and shall not be changed without first notifying the Board in writing. Such notice shall specify the name to be discontinued as well as the new name.

3. Each license shall specify the maximum allowable number of beds in the institution.

4. A separate license shall be required for each institution when more than one institution is operated under the same management; provided, however, that separate licenses are not required for separate buildings on the same grounds used by the same institution.

5. The license must be conspicuously posted in the office where patients are admitted.

B. Expiration and Renewal of License

1. Each license to operate a hospital or related institution shall expire on June 30th following the date of issue, and if a renewal is desired the licensee shall

make application at least 30 days prior to the expiration date upon a form prescribed by the State Board of Health.

2. Each application for renewal of a license shall be accompanied by an annual report, which shall be upon a form prescribed by the State Board of Health.

C. Revocation of License

1. A license issued to any hospital or related institution will be suspended or revoked by the Board in any case where the Board finds that there has been a substantial failure to comply with the provisions of the Hospital Licensing Law, or of any of these rules, regulations and standards, subject to the procedure outlined in Section 6 of the law.

2. A license may be revoked if the Board finds upon investigation that any illegal act affecting the welfare of a patient in the institution has been permitted, aided or abetted by the person, or persons, in charge of the institution, or by either of them.

D. Return of License

Each license shall be returned to the Board immediately on its suspension or revocation, or if the institution voluntarily ceases operation.

II. CLASSIFICATIONS

For the purpose of these regulations all institutions within the provisions of the Hospital Licensing Law are classified as follows:

1. General Hospitals
2. Intermediate General Hospitals
3. Special Hospitals
4. Facilities
5. Homes

Institutions classified as Special Hospitals are divided into the following sub-classes:

- a. Maternity Hospitals
- b. Tuberculosis Hospitals
- c. Mental Hospitals
- d. Orthopedic Hospitals

- e. Pediatric Hospitals
- f. Contagious Disease Hospitals
- g. Others

Institutions classified as Facilities are divided into the following sub-classes:

- a. Community Health Facilities
- b. Facilities for the Treatment of Alcoholism
- c. Miscellaneous Facilities

Institutions classified as Homes are divided into the following sub-classes:

- a. Nursing Homes
- b. Maternity Homes
- c. Others

Institutions classified as General Hospitals or Intermediate General Hospitals shall be so designated in the license; institutions classified as Special Hospitals, Facilities or Homes shall be designated according to their sub-classifications.

Requirements for the several classifications are as follows:

GENERAL HOSPITAL

To be licensed as a General Hospital, an institution must provide complete medical and surgical care to the sick and injured, and maternity care, and have:

1. AN ORGANIZED STAFF of qualified professional, technical and administrative personnel, with a chief or chairman of the attending staff and appropriate hospital department heads.

2. AN APPROVED LABORATORY with standardized equipment necessary for the performance of bio-chemical, bacteriological, serological and parasitological tests, and the services of a consulting clinical pathologist. If required by the consulting clinical pathologist, necessary equipment should be available for the preparation of pathological specimens. Housing and lighting facilities for the laboratory must be adequate for the accurate performance of all the required tests.

3. X-RAY FACILITIES with the services of a consulting radiologist. These facilities shall include, as a minimum, a complete radio-graphic unit, consisting of a transformer, tube stand, table with a stereoscopic attachment, fluoroscopic equipment adjustable to horizontal and vertical positions, a viewing box, a stereoscope, and a dark room equipped for the development of films.

4. A SEPARATE SURGICAL UNIT, with the following as minimum facilities: An operating room, a sterilizing room, a work room, a scrub room, and a dressing room.

5. A SEPARATE ISOLATION UNIT, consisting of a sufficient number of rooms, according to the size and needs of the hospital, located either in a separate building or in a location that may be isolated as a separate section, with separate lavatory and toilet facilities.

6. SEPARATE MATERNITY FACILITIES, preferably a separate maternity unit with a separate entrance, including as minimum requirements wards or rooms for patients, labor rooms and a delivery room, all exclusively designated and used for maternity patients, and a nursery.

7. MENTAL UNIT. In the case of all General Hospitals constructed after these regulations are promulgated, provision shall be made for a mental unit, consisting of an adequate number of sound-proofed rooms with adequate safeguards for the patients, and in the case of all other General Hospitals such facilities should be provided at their earliest convenience.

8. DENTAL UNIT. In the case of General Hospitals, with 100 or more beds, constructed after these regulations are promulgated, it is recommended that consideration be given to the inclusion of a separate dental unit, in charge of a duly licensed dental surgeon, with standardized equipment for the diagnosis and treatment of diseases of the teeth, performance of orthodontia, and rehabilitation of defective teeth and oral surgery, including all necessary anesthetic and sterilization equipment.

INTERMEDIATE GENERAL HOSPITAL

To be licensed as an Intermediate General Hospital, an institution must have not more than 75 beds for patients, provide medical and surgical care to the sick and injured, and maternity care, and have:

1. A STAFF of qualified personnel organized with a chief, or chairman, of the attending staff.

2. THE SERVICES OF AN APPROVED LABORATORY, such as required for a General Hospital, readily available, with suitable space, laboratory equipment and supplies for the performance of urinalysis, blood counts, blood cross-matching and serological tests for syphilis, as minimum facilities within the institution.

3. X-RAY FACILITIES, such as required for a General Hospital, conveniently available, with portable x-ray facilities as minimum equipment within the institution.

4. AN OPERATING ROOM with standard equipment, in addition to which there shall be adequate provision for sterilization of equipment and supplies.

5. ISOLATION FACILITIES, with adequate and proper procedures for the care and control of infectious, contagious and communicable diseases, and for the prevention of cross infections.

6. MATERNITY FACILITIES, consisting of wards or rooms and a delivery room, all exclusively designated and used for maternity patients, and a nursery.

MATERNITY HOSPITAL

To be licensed as a Maternity Hospital, an institution must be in a separate building, provide service for maternity patients exclusively, have on the staff professional personnel especially qualified in obstetrics, meet the requirements for a General Hospital, except that when the hospital is operated in connection with a General Hospital the requirements for laboratory, x-ray, surgical and isolation facilities may be met through appropriate technique by the use of those in the General Hospital, and in addition all special regulations governing maternity hospitals and maternity units in General Hospitals must be carefully observed.

TUBERCULOSIS HOSPITAL

To be licensed as a Tuberculosis Hospital, an institution must be devoted exclusively to the care of tuberculosis patients, have on the staff professional personnel especially qualified in the diagnosis and treatment of tuberculosis, and meet the requirements for a General Hospital, except that maternity facilities need not be provided as part of the tuberculosis hospital service if provision is made for adequate prenatal care at the institution, and for the delivery and post partum care of the mother and infant at some readily available licensed hospital that does provide the service.

MENTAL HOSPITAL

To be licensed as a Mental Hospital, an institution must be devoted exclusively to the care of mental patients, have on the staff professional personnel especially qualified in the diagnosis and treatment of mental illness, have adequate facilities for the protection of the patients and staff against physical injury by patients becoming violent, and meet the requirements for an Intermediate General Hospital, except that maternity facilities need not be provided as part of the mental hospital service if provision is made for adequate prenatal care at the institution, and for the delivery and post partum care of the mother and infant at some readily available licensed hospital that does provide the service.

ORTHOPEDIC HOSPITAL

To be licensed as an Orthopedic Hospital an institution must be devoted exclusively to the care of orthopedic patients, have on the staff professional personnel especially qualified in the diagnosis and treatment of orthopedic conditions, and meet the requirements for a General Hospital, except that maternity facilities are not required and isolation facilities may be substituted for a separate isolation unit.

PEDIATRIC HOSPITAL

To be licensed as a Pediatric Hospital, an institution must be devoted exclusively to the diagnosis and treatment of pediatric patients, have on the staff professional personnel especially qualified in the diag-

nosis and treatment of diseases of children, and meet the requirements for a General Hospital, except that maternity facilities are not required.

CONTAGIOUS DISEASE HOSPITAL

To be licensed as a Contagious Disease Hospital, an institution must be maintained in a separate building, be devoted exclusively to the care of persons who have, or are suspected of having, infectious, contagious or communicable disease, and meet the requirements for an Intermediate General Hospital, except for the isolation facilities required of such hospitals.

COMMUNITY HEALTH FACILITY

To be licensed as a Community Health Facility, an institution must have not more than 15 beds for patients, provide medical and surgical care to the sick and injured, and maternity care, and meet the requirements for an Intermediate General Hospital, except that in place of an approved laboratory there may be facilities for urinalysis and blood counts only. (To provide good service the Facility should also be affiliated with a General, or Intermediate General, Hospital.)

FACILITY FOR THE TREATMENT OF ALCOHOLISM

To be licensed as a Facility for the Treatment of Alcoholism, an institution must be maintained in a separate building, provide exclusive service for the treatment and care of patients suffering from acute or chronic alcoholism, and meet the requirements for a Mental Hospital, except that surgical facilities shall not be necessary and maternity facilities are not required.

MISCELLANEOUS FACILITY

To be licensed as a Miscellaneous Facility, an institution must meet all of the requirements for Communicable Disease Control, and for Sanitation, that apply to all institutions regulated hereunder, and each application for such a license shall be considered on an individual basis by the Oregon State Board of Health.

NURSING HOME

To be licensed as a Nursing Home, an institution must provide nursing care for persons who are chronically ill, convalescing from an acute or surgical illness, or requiring a rest regime, exclude all persons who are acutely ill or are surgical or maternity cases, have qualified personnel and a consulting physician available at all times, and have isolation facilities.

MATERNITY HOME

To be licensed as a Maternity Home, an institution must have no more than 10 beds for patients, provide care for maternity patients exclusively, have a delivery room, nursery and isolation facilities, and in addition have a qualified professional staff, including a consulting physician, or a committee of consulting physicians with a duly elected chairman, available at all times.

III. BUILDINGS AND EQUIPMENT

A. Submission of Plans

1. When construction of new buildings, additions to existing buildings or material alteration, is contemplated, it is suggested, to avoid unnecessary expense and possible refusal of a license because of failure to fully comply with the law, that plans and specifications covering all portions of the work, and showing the general arrangements of the buildings and the intended purpose and fixed equipment of each room, be submitted to the State Board of Health for approval with respect to compliance with these standards.

Note: The Board recommends that all construction conform to the standards found in the latest edition of the Uniform Building Code as adopted by the Pacific Coast Building Officials Conference.

2. No system of water supply, plumbing, sewerage, garbage or refuse disposal, shall be installed, nor shall any existing system be materially altered or extended, until complete plans and specifications for the installation, alteration or extension have been submitted to the Board and approved with respect to their sanitary features.

B. Location and Communication

1. Quietness and sanitary features of the immediate environment, and accessibility, should be considered in planning new hospital facilities.

2. There must be an adequate number of telephones to summon help in case of fire or other emergency, and these shall be so located as to be quickly accessible from all parts of the building.

C. Building

1. The walls and floors should be of a character to permit frequent washing or cleaning; the building must be kept in good repair, and every reasonable precaution shall be taken to prevent the entrance of rodents.

2. All stairways shall be provided with handrails and all open stair-wells shall be protected with guard rails.

3. Patients' rooms shall be of sufficient size to allow adequate space for nursing procedures and to permit the placing of beds at least three feet apart and at least two feet from the wall at the side of the bed, with a minimum floor space allowance of 80 square feet for each bed; provided, however, that hospitals will be given until January 1, 1950 to meet the requirement of 80 square feet for each bed.

4. Each patient's room shall be an outside room* with a satisfactory amount of natural light. The minimum window area shall be not less than one-eighth of the floor area. More window area is highly desirable. Every room, including storerooms, shall have sufficient artificial lighting so that all parts shall be clearly visible under such artificial lighting, and all hallways, stairways, inclines, ramps and entrances shall be well lighted. Five foot-candles of light is considered adequate.

5. Lighting fixtures shall be selected and located with a view to the comfort and safety of patients and personnel. All service rooms, work centers such as medicine cabinets or nurses' charting desks, and reading areas for patients, shall have adequate illumination to insure against errors by reason of insuf-

*May be located on a court with a satisfactory amount of light.

ficient light, (twenty foot-candles of light is considered adequate), and exposed light globes shall not be visible to the patients' eyes.

6. The building shall at all times be adequately ventilated. Kitchen, bath rooms and service rooms shall be so located and ventilated by window or mechanical means as to prevent offensive odors from entering patients' rooms and the public halls.

7. There shall be a heating plant adequate to maintain in severely cold weather a temperature of 70° Fahrenheit in all rooms used for patients, except as otherwise provided for in these regulations.

8. All facilities and construction shall be in accordance with the rules and regulations of the State Fire Marshal.

D. Sanitation

1. Adequate provision shall be made for the proper cleansing of linen and other washable goods.

2. An adequate supply of water under pressure, which is of a safe sanitary quality and suitable for domestic use, shall be provided.

3. When the water supply is not obtained from a public water supply system and an independent supply is used, a certificate of approval for such water supply shall be obtained from the local health officer or from the State Board of Health, and a sample of the water shall be submitted to the State Hygienic Laboratory for bacterial examination at least once each month.

Note: Minimum standards for independent water supplies are contained in the State Board of Health publication, "Protection and Purification of Rural Water Supplies."

4. Hot and cold water under pressure shall be distributed to conveniently located taps throughout the building, including that part of the building in which food is prepared or utensils washed.

5. All interior water supply piping shall be installed and maintained in conformance to the state plumbing code, municipal ordinances, and to the rules and regulations of the Oregon State Board of Health governing the installation of interior water supplies in buildings.

6. An adequate number of toilet rooms, conveniently located and separate from those used by patients, shall be provided for all hospital personnel.

7. All sewage and liquid wastes shall be disposed of in a municipal sewerage system where such facilities are available. When a municipal sewerage system is not available sewage and liquid wastes shall be collected, treated and disposed of in an independent sewerage system which conforms to the minimum standards of the State Board of Health as outlined in the publication, "Sanitary Sewage Disposal for Rural and Suburban Areas."

8. All drainage and other arrangements for the disposal of excreta, infectious discharges, and institutional and kitchen wastes shall conform to the state plumbing code, municipal ordinances, and to the regulations of the State Board of Health governing the installation of plumbing in buildings.

9. Adequate hand washing facilities, including hot and cold running water, soap and approved sanitary towels, must be provided for operating, delivery and labor rooms, examining and treatment rooms, nurseries, main and diet kitchens, utility and other service rooms, toilet rooms, and rooms used for isolation of patients. Lavatories in patients' rooms are desirable.

10. Toilet rooms shall not open directly into any room in which food, drink or utensils are handled or stored.

E. Accommodations for Patients

1. A good bed with mattress, pillows and necessary coverings shall be provided for each patient, and there shall be a chair and bedside table for each patient.

2. There shall be satisfactory storage space for clothing, toilet articles, and other personal belongings of the patient.

3. Means for signaling attendants must be provided at the bedside.

4. Screens shall be available for use in wards and in semi-private rooms to secure privacy for each patient.

5. Bed pans, wash basins, mouth wash cups, and drinking glasses shall be provided for each bed patient. This equipment shall be plainly marked so as not to be interchangeable.

IV. POLICIES

A. Care of Patients

1. All patients admitted to any institution governed by these rules, regulations and standards, must be under the care of a person duly licensed to practice the healing arts in Oregon, and no medication or treatment shall be given in such institution except on the order of one duly authorized to give such order within the State of Oregon, provided, however, that nothing in this regulation shall be deemed to require care by a person licensed to practice the healing arts where the institution is conducted for those who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denomination.

2. There shall be sufficient nursing personnel to provide complete and efficient nursing care to each patient, and the authority, responsibility, and function of each nurse shall be clearly defined.

3. At least one registered nurse shall be on duty for not less than eight hours of each day, and at all other times at least one registered nurse shall be on call, provided, however, that in cases where the institution is conducted for those who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denomination, the person on duty or on call may be a person who, according to the creed or tenets of such church or religious denomination, is considered a suitable person to have in attendance on the patient.

4. No patient shall at any time be admitted to a bed in any room other than one regularly designated as a bed room or ward. The placing of a patient's bed in a diagnostic room, treatment room, operating room, or delivery room, is expressly prohibited, except when required as part of the diagnostic or treatment procedure.

5. No towels, wash cloths, bath blankets, or other

linen which comes directly in contact with the patient, shall be interchangeable from one patient to another unless it is first laundered.

6. Bed pan covers shall not be used interchangeably.

7. Hot water bags must be so covered that the patient cannot be harmed by excessive heat and carefully checked as to temperature and leakage. Electric heating pads may be used only on the written order of the physician and shall be kept in a safe condition by a competent electrician.

8. Restraints shall be applied only when they are necessary to prevent injury to the patients or to others, and shall be used only when alternative measures are not sufficient to accomplish their purposes. Careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency.

B. Sterilization of Instruments, Equipment, and Supplies

1. Bed pans, wash basins, mouth wash cups, and drinking glasses shall be sterilized on the patient's dismissal.

2. Thermometers shall be sterilized before each use.

3. There shall be provision for the proper sterilization of dressings, utensils, instruments, solutions, and water.

4. A cabinet, cupboard, or other suitable enclosed space must be provided for keeping sterile equipment and supplies in a clean, convenient and orderly manner. Special precautions must be taken so that sterile supplies may not be mixed with unsterile supplies.

C. Storage and Disposal of Drugs

1. All drugs shall be plainly labeled and stored in a specially designated medicine cabinet, closet or storeroom and be made accessible to authorized personnel only. Such cabinet, closet or storeroom must be well illuminated, and kept locked in the absence of persons who are properly permitted access.

2. Old medications, including special prescriptions

for patients who have left the hospital, must be disposed of by incineration or other equally effective method.

D. Compounding and Dispensing of Drugs

1. In hospitals where patients are treated by surgery and medicines, and there is need for compounding prescriptions in the hospital, there shall be installed a hospital pharmacy that will meet the requirements of the Oregon Pharmacy Law.

2. Drugs shall not be supplied or given to individual patients, nor to anyone within or without the institution, unless ordered by a physician duly licensed to prescribe drugs, and such order shall be in writing over the physician's signature.

E. Control of Infectious, Contagious and Communicable Diseases

1. There shall be facilities and proper procedures for the prevention and control of infectious, contagious and communicable diseases, and there shall be strict compliance with the regulations of the Oregon State Board of Health for the control of communicable diseases.

2. There shall be facilities and proper arrangement of departments, rooms and patients' beds to provide for the prevention of cross infections and the control of infectious, contagious and communicable diseases, which shall include provision for the removal of infectious cases, including maternity and newborn, to a location where proper isolation can be carried out.

3. There shall be established proper isolation procedures for all personnel for the control and prevention of cross infections between patients, departments and services in the hospital.

4. In all new institutions, and in all additions to existing institutions, where no suitable rooms have been set aside for such purpose, (except as otherwise provided), there shall be one or more rooms for contagion, according to the size and needs of the institution. Rooms planned for isolation of patients shall be located either at the end of a corridor or off a cor-

ridor and shall include lavatory, toilet and sterilization facilities.

5. After the discharge of any patient, the bed, bed furnishings, bedside furniture, and equipment shall be thoroughly cleansed prior to re-use.

6. All personnel shall submit to an annual chest x-ray examination. Reports of such examination shall be retained in the files of the institution and made available on request to any authorized representative of the State Board of Health.

Note: X-ray examination service is available through the State Board of Health.

F. Sanitary Precautions

1. All garbage and refuse shall be stored and disposed of in a manner that will not create a nuisance or a public health hazard.

2. When community garbage collection and disposal service is not available, garbage shall be either thoroughly incinerated, buried in a pit and covered with two feet of earth, or disposed of by some other equally effective and sanitary method approved by the local health officer.

3. Garbage and refuse receptacles shall be durable, water-tight, insect and rodent proof, and shall be covered with a tight fitting lid. Garbage receptacles shall be kept covered at all times, except when the lid is removed for temporary use, and shall be cleansed and disinfected after each emptying.

4. Soiled surgical dressings, obstetrical and other similar wastes, shall be incinerated or shall be disposed of by some other equally effective and sanitary method.

5. During the season when flies, mosquitoes, and other insects are prevalent, adequate measures shall be taken to prevent their entry through doors, windows or other outside openings. Where screens are used there shall be not less than 16 meshes per lineal inch, and all screened doors shall be equipped with self-closing devices.

G. Handling of Food

1. There must be facilities for the proper preparation and serving of food.

2. Storerooms shall be clean and well ventilated. All food shall be so stored as to be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, or other source of contamination.

3. Kitchen facilities shall include refrigerator, and perishable food must be kept at a temperature below 50° Fahrenheit in order to prevent deterioration. It is suggested that there be a reliable thermometer in the refrigerator and in storerooms used for perishable food.

4. Every water-glass-filling device shall be constructed so as to prevent any contact of the upper one-third of the glass with the device, and in addition so that no portion of the device extends into the glass.

5. All dishes and glassware used in the serving of food and drink to patients shall be effectively cleaned and disinfected after each individual use. Gross food particles shall be removed by careful scraping and pre-rinsing in running hot water. Brushes, baskets and sprays are suggested. The dishes should be thoroughly washed in hot water, 110° Fahrenheit to 120° Fahrenheit, using an adequate amount of effective soap or detergent. Following this, the utensils should be rinsed in hot water to remove soap and disinfected by one of the following methods:

- (a) Immersion for at least 2 minutes in clean water at 170° Fahrenheit.
- (b) Immersion for at least one-half minute in boiling water.
- (c) Immersion for at least 2 minutes in a luke warm chlorine bath containing at least 50 parts per million of available chlorine.

Note: Chlorine is not recommended for silverware. It is preferable to use either (a) or (b) above.

If steam, or hot-water cabinets, or dishwashing machines are used, the results must be equal to those obtained by the methods outlined above.

After disinfection, the utensils should be allowed to drain and dry in racks or baskets on non-absorbent surfaces. Drying cloths are not recommended.

Dishes should be stored in closed cupboards for protection against dust, moisture, etc.

6. All ice used in contact with food or drink shall

be from a satisfactory source, and handled and dispensed in a sanitary manner.

7. The serving of raw milk is prohibited.

8. No employee shall resume work after using the toilet without first washing his hands.

H. Safety and Emergency Precautions

1. All requirements of the State Fire Marshal must be met.

2. Emergency lighting facilities must be provided and distributed so as to be readily available to personnel on duty. Battery operated lamps providing service for at least 30 minutes shall be in readiness at all times for use in the delivery room and operating room.

3. The use of open flame type of lighting in the delivery room or operating room is prohibited.

I. Licensed Professional Personnel

Each hospital or related institution must be prepared to produce evidence that the legal requirements for all physicians, nurses and other licensed personnel rendering professional services on the premises are being met.

V. REPORTS AND RECORDS

1. Adequate permanent records of each patient, either typewritten or legibly written with pen and ink, from which the name, address, age, sex, nationality, marital status, name and address of closest relatives, date of admission, and date of discharge or death, can be quickly obtained, shall be kept, and these records shall be available for inspection by a duly authorized representative of the Oregon State Board of Health at all reasonable times.

2. Accurate and complete treatment records shall be kept for all patients; these shall be filed in a readily accessible manner in the hospital, and they shall be available for inspection by a duly authorized representative of the Oregon State Board of Health at all reasonable times. All treatment records shall con-

tain the written orders by the attending physician for medication and other services, and the order for discharge must be written in ink and signed by the attending physician or countersigned by him within 24 hours.

3. Records of newborn infants shall contain a signed report by the attending physician on the physical condition of the infant immediately before the infant is discharged.

4. In accordance with Section 99-301 of Oregon Compiled Laws Annotated, the superintendent, or person in charge, of each institution governed by these regulations must report each case of communicable disease immediately upon the diagnosis of the disease to the local health officer within whose jurisdiction such case may be located, upon blanks supplied by the State Board of Health.

5. Provision shall be made for the safe storage of all records required by these regulations. They shall be filed and indexed according to approved methods.

6. All original records, or photographs of such records, that are no longer in use shall be stored in the hospital, and none shall be disposed of except with the written approval of the Oregon State Board of Health.

VI. ADDITIONAL RULES, REGULATIONS AND STANDARDS FOR SPECIAL SERVICES

A. Maternity Hospitals and Maternity Units in Hospitals

1. Every delivery room must have as minimum equipment a delivery bed or table, instrument table, basins and pitchers, and there shall be available for each delivery an adequate supply of linens, dressings, gloves, leggings, draperies, and face masks, sterilized by a recognized method. Drugs ordinarily needed for use shall be ready at all times, plainly labeled and in proper containers. Adequate and convenient storage space shall be provided for all supplies kept in the delivery room.

2. Incubators shall be provided for premature infants.

3. An accurate scale for the weighing of infants shall be provided.

4. There shall be adequate equipment for resuscitation of infants.

5. Vaginal examinations should be made by legally qualified physicians only, following adequate surgical preparation of perineum and hands.

6. Each attendant assisting in the delivery of a patient shall wear a clean cap, mask, and sterilized gown and gloves. All attendants and persons entering the delivery room during delivery shall wear a clean cap, gown and mask.

7. No visitors shall be admitted to the delivery room except with specific written permission of the attending physician.

8. It is required that an efficient prophylactic be used in the infants' eyes immediately after delivery.

9. Every infant shall be marked for identification by a method acceptable to the State Board of Health before the infant is removed from the delivery room, and such identification shall not be removed from the infant until the infant is discharged.

10. There shall be provided for each infant in the nursery a separate crib, or bassinet, a clean mattress covered with rubber sheeting, washable pads, and bed linen kept clean at all times. The use of a pillow as a mattress for a bassinet is not allowed.

11. The nursery shall be properly heated at a temperature of not less than 75° Fahrenheit, and adequately ventilated. A wall thermometer must be provided in the nursery as a guide for the maintenance of an even temperature.

12. No soiled linens shall be kept in the nursery except in covered containers. Freshly laundered diapers, or destroyable diapers, only shall be used and shall be available in necessary quantity.

13. All doctors and attendants should wear clean gowns and masks while attending the baby. Hands shall be washed between cases.

14. While the infant is in the institution and is not breast fed, the feeding formulae shall be provided in writing by the physician.

15. Visitors shall not be admitted to the nursery.

16. Maternity patients shall not receive any visitors during the first 48 hours after delivery, other than the husband or one immediate member of the family. There shall not be more than two visitors per patient at any one time. Visitors are not permitted to sit on beds and they shall be excluded from the mother's room during nursing hours. Children under 16 years of age are not permitted to visit either patients or staff in the maternity rooms, wards or units at any time.

17. Every maternity hospital, and the maternity unit in every hospital, is required to keep a chronological register of births, with data sufficient to duplicate a birth certificate. All data must be entered in the register, or other system of recording approved by the State Board of Health, in ink within 24 hours after the admittance, death or discharge of every mother, or after the birth, death or discharge of every child. The register or record is to be filed in a safe place, and when an institution has its license suspended, revoked, or fails to make application for renewal, as provided by regulation, the register or record must be forwarded to the State Board of Health.

B. Nursing Homes

1. All general regulations applicable to Intermediate General Hospitals shall apply to Nursing Homes, except that requirements for an organized staff, portable x-ray facilities, operating room, laboratory facilities within the institution and maternity facilities need not be met.

C. Maternity Homes

1. All provisions of the general regulations, except such as are clearly applicable to other services only, and all special regulations in this Section (VI) applicable to Maternity Hospitals, shall apply to Maternity Homes.

2. No license will be issued to a person to conduct a maternity home in an apartment or lodging house.

3. There shall be laboratory equipment and reagents necessary to test urine for albumin, sugar, and acetone bodies.

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